



U.S. SMALL BUSINESS ADMINISTRATION  
CANDIDATE FOR

OMB Approval No.  
3245-0124  
Expiration Date: 4/30/02

NATIONAL/REGIONAL/ ADVISORY COUNCIL or SMALL BUSINESS PERSON OF THE YEAR

NAME: \_\_\_\_\_  
(First) (Middle/Initial) (Last)

POSITION NAME AND ADDRESS OF BUSINESS OR EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE BUSINESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

INDICATE PREVIOUS OR PRESENT FINANCIAL (INCLUDING DEVELOPMENT COMPANY), SURETY BONDS, OR CONTRACTUAL ASSISTANCE WITH SBA. GIVE APPROXIMATE DATES AND TYPE OF ASSISTANCE.

\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SERVICE ON FEDERAL BOARDS, COUNCILS OR COMMISSIONS  
(INDICATE PREVIOUS OR PRESENT): \_\_\_\_\_  
\_\_\_\_\_

IF EMPLOYED BY A STATE GOVERNMENT, IS IT AN ELECTIVE POSITION?

YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

ARE YOU ON A FEDERAL PAYROLL? YES \_\_\_\_\_ NO \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CONGRESSIONAL DISTRICT: \_\_\_\_\_

The authority to obtain this information is contained in 5 U.S.C. 301, 15 U.S.C. 634(b), 44 U.S.C., 3101. Routine uses of the information are:

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- To respond to requests from the General Services Administration.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

(This must be signed as a condition of the appointment.)

PLEASE NOTE: The estimated burden hours for the completion of SBA Form 898 is 8 minutes per response. You will not be required to respond to this information collection if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspect of this information collection, please contact the U.S.

Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project (3245-0124), Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.

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